PATENT APPLICATION FEE DETERMINATION RECO								Application or Docket Number				
									The state of the s			
										10/617,195		
CLAIMS AS FILED - PART I (Column 1) (Column 2)								SMALL ENTITY TYPE		OTHER THAN OR SMALL ENTITY		
TOTAL CLAIMS			15				F	RATE FEE		1	RATE	FEE
FOR			NUMBER FILED		NUMBER EXTRA		BAS	BASIC FEE 385.00		OR	BASIC FEE	770.00
TOTAL CHARGEABLE CLAIMS			/5 minus 20=		• _		×	X\$ 9=		OR	X\$18=	
INDEPENDENT CLAIMS			/ minus 3 =		• -		×	X43≖		OR	X86≖	
M	LTIPLE DEPEN	NDENT CLAIM P	RESENT					+145=		ОВ	+290=	
		·	less than zero, enter "0" in column 2			<u> </u>	TOTAL 385		OR	TOTAL		
CLAIMS AS AMENDED - PART II (Column 1) (Column 2) (Column 3)								.,,,_	<u> </u>	10	OTHER	THAN
							SMALL ENTITY		OR	SMALL		
AMENDMENTA		CLAIMS REMAINING AFTER AMENDMENT		HIGHI NUME PREVIO PAID I	BER	PRESENT EXTRA	R	ATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	. 12	Minus	-2	0	= - 	X:	9=		OR	X\$18=	
	Independent	• /	Minus	<b></b> 8	<u>)                                     </u>	=	X43=			OR	X86=	
لــا	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM							45=		OR	+290=	
								TOTAL			TOTAL	
11/17/64 (Column 1) (Column 2) (Column 3)							ADDI	T. FEE		,	ADDIT, FEE	
31		CLAIMS REMAINING	HIGHE NUMB		ST ER PRESENT			ATE .	ADDI- TIONAL		DATE	ADDI-
		AFTER AMENDMENT		PREVIO PAID F		EXTRA		112	FEE		RATE	TIONAL FEE
	Total	• 18	Minus	- 20	<u> </u>	· ~	XS	9=	,	OR	X\$18=	
	Independent	ATTATION OF MI	Minus	ENDENT		-	X43=			OR	X86=	
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM						+10	15≃		OR	+290=	
						•		OTAL		OR	TOTAL	
		(Column 1)		(Cotum	in 21	(Column 3)	AUUI	. FCE <b>1</b>			ADDIT. FEEL	
ပ	<b>\</b> ·	CLAIMS REMAINING	•	HIGHE	ST ER USLY				ADDI-		RATE	ADDI-
MENT		AFTER AMENDMENT	,	PREVIO		PRESENT EXTRA	RAT	TE	TIONAL FEE			TIONAL FEE
	Total		Minus	**		= .	XS	9=		OR	X\$18=	
	Independent	•	Minus	***		8	X4	3=			X86=	
<u> </u>	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM							-	<del></del> i	OR		
* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.												
"If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."  OR ADDIT, FEEOR ADDIT, FEE												
		mber Previously Paid ber Previously Paid					tound in	he app	ropriate box	in cok	ımn 1.	